

## Chesterfield Council on Aging Membership Application

Please check one of the following:

- ☐ Representing a For-Profit Organization
- ☐ Representing a Non-Profit Organization
- ☐ Representing a Government Organization
- ☐ Independent, Not Representing an Organization

Dues are \$25 a year. Please make your check payable to: Chesterfield Council on Aging.

**Please complete the following information for the Membership Roster:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check the committee(s) you would be interested in serving on or learning more about:**

- |   |   |
|---|---|
| <input type="radio"/> Community Awareness | <input type="radio"/> Nominating          |
| <input type="radio"/> Legislative         | <input type="radio"/> Senior Hall of Fame |
| <input type="radio"/> Needs Assessment    | <input type="radio"/> Santa Visits        |
| <input type="radio"/> Resource Directory  | <input type="radio"/> Membership          |

Mail your completed application and check to: Chesterfield Council on Aging  
P. O. Box 3  
Chesterfield, VA 23832

For questions, call the Senior Advocate's office at 768-7878.